



STATE OF WASHINGTON
DEPARTMENT OF HEALTH

April 10, 2013

Harold Preiksaitis, MD
6817 South Mount Vernon Street
Spokane, Washington 99223

Dear Dr. Preiksaitis:

RE: DOR 13-32

The department has completed the review of your exemption request regarding the proposed construction of an ambulatory surgery center in Spokane, within Spokane County. Below is the information considered and the facts relied upon by the Certificate of Need Program in reaching its conclusion regarding your project.

INFORMATION CONSIDERED

- Ambulatory Surgery Center (ASC) exemption application submitted March 15, 2013
- Our April 9, 2013, e-mail exchange
- Revised Code of Washington (RCW) 70.38
- Washington Administrative Code (WAC) 246-310
- Washington Secretary of State and Department of Revenue information obtained from the respective websites¹
- Department of Health external provider look-up
- Department of Health Integrated Licensing and Regulatory System (ILRS)

FACTS CONSIDERED

- At this time, you have not yet established your practice corporation with the Washington Secretary of State's office. You intend to do this within the next 30 days. The practice corporation name will be 'South Perry Endoscopy, PLLC.'
- You intend to establish a clinical practice at 907 South Perry Street, #B in Spokane [99202].
- The proposed ASC will be located adjacent to the practice at 907 South Perry, #C in Spokane and will be operated under the practice corporation.
- At this time, only you intend to use the exempt ASC. Future owners or employees may have access to the ASC. Below is the specific credentialing information.

Name	Credential Status	Practice Status
Harold G. Preiksaitis	Active	Owner

¹ Since the corporation has not yet been established, neither website identified information under the 'South Perry Endoscopy, PLLC' name.

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- The procedures proposed include those typically associated with endoscopy, such as colonoscopy and gastroduodendoscopy.
- The ASC will not be a separate legal structure from the South Perry Endoscopy, PLLC practice.
- No management agreement is proposed.

CONCLUSION

Based on the totality of information considered, the department concludes the proposed ASC would be exempt from Certificate of Need review, provided that you send me the corporation's UBI number assigned by the Washington Secretary of State office. You can send the information to me in the enclosed self-addressed envelope. Please provide the UBI number by May 30, 2013.

This exemption is not transferable and the conclusions reached concerning this proposed ASC are based on the facts about this facility and it should not be assumed the department would reach the same conclusion in future exemption requests for other future ASCs. If changes are made in the operation or ownership of this proposed ASC, the ASC may no longer be eligible for this exemption. In that case, prior Certificate of Need review and approval or new exemption would be required. Examples of such changes include the following. This list is not intended to be all inclusive.

- The scope of services is expanded to include services subject to Certificate of Need review under the provisions of WAC 246-310-020.
- The provision of any procedure as identified under WAC 246-310-705(4).
- The ASC is operated under a management agreement.
- The ASC is organized as a separate legal entity from the practice.
- The ASC is moved to a different site than identified in the exemption application.
- Use of the ASC is extended to any physician who is not a member or employed by South Perry Endoscopy, PLLC.
- The ASC ceases operations or relinquishes its Medicare certification and then chooses to resume services as an ASC.
- The ASC or the practice is purchased or leased.
- ASC patients are routinely transferred from the ASC for observation care at one of the area's hospitals.

APPEAL OPTIONS

This decision may be appealed. The two appeal options are listed below.

Appeal Option 1:

You or any interested or affected person may request a public hearing to reconsider this decision. The request must state the specific reasons for reconsideration in accordance with Washington Administrative Code 246-310-560. A reconsideration request must be received within 28 calendar days from the date of the decision at one of the addresses on the following page.

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Mailing Address:
Department of Health
Certificate of Need Program
Mail Stop 47852
Olympia, WA 98504-7852

Other Than By Mail
Department of Health
Certificate of Need Program
111 Israel Road SE
Tumwater, WA 98501

Appeal Option 2:

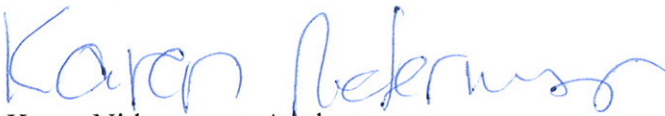
You or any affected person with standing may request an adjudicative proceeding to contest this decision within 28 calendar days from the date of this letter. The notice of appeal must be filed according to the provisions of Revised Code of Washington 34.05 and Washington Administrative Code 246-310-610. A request for an adjudicative proceeding must be received within the 28 days at one of the following addresses:

Mailing Address:
Department of Health
Adjudicative Service Unit
Mail Stop 47879
Olympia, WA 98504-7879

Other Than By Mail
Department of Health
Adjudicative Service Unit
111 Israel Road SE
Tumwater, WA 98501

Please call me at (360) 236-2957 if you have any questions regarding this determination.

Sincerely,



Karen Nidermayer, Analyst
Certificate of Need Program
Office of Certification and Technical Support

Enclosure

cc: Department of Health, Investigations and Inspections Office
Department of Health, Construction Review Services